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CONFIRMATION NO. 6459

<b>SERIAL NUMBER</b> 10/823,494	<b>FILING OR 371(c) DATE</b> 04/12/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 391442006300
<b>APPLICANTS</b> Gary Bridger, Bellingham, WA; Ernest J. McEachern, White Rock, CANADA; Renato Skerlj, Vancouver, CANADA; Dominique Schols, Herent, BELGIUM;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/462,736 04/11/2003 and claims benefit of 60/505,688 09/23/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/24/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 57	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 25225				
<b>TITLE</b> CXCR4 chemokine receptor binding compounds				
<b>FILING FEE RECEIVED</b> 826	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	